



# Doncaster Safeguarding Children Board

## Neglect Strategy



Document control and record of amendments

Revision date	Editor	Version	Description of revision
29.2.16		1.0	Updated comments from T&F group
30.30.16		2.0	Updated with comments from Doncaster College
1.6.16		2.1	Inclusion of definitions of abuse, roles of agencies and tools

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## 1. Introduction – Why do we need a Neglect Strategy?

1.1.1 The impact of neglect on children and young people is enormous. Neglect causes great distress to children, leading to poor health, educational and social outcomes and is potentially fatal. Lives are destroyed, children's abilities to make secure attachments are affected and their ability to attend and attain at school is reduced. Their emotional health and well-being is often compromised and this impacts on their success in adulthood and their ability to parent in the future.

1.1.2 The recent "Inspection of services for children in need of help and protection, children looked after and care leavers" (Ofsted 2015) in Doncaster identified that 56% of children subject to a child protection plan are in the category of neglect. They noted that there is a legacy of children not receiving services early enough and some children being left in vulnerable situations for too long. The report also highlighted a lack of evidence of the effective use of assessment tools to support risk analyses, particularly in terms of identifying neglect.

1.1.3 Neglect of children of all ages presents a key safeguarding risk in Doncaster and a significant challenge for the DSCB and its partners, therefore this is reflected in our strategic priorities. The prevalence of neglect in Doncaster is higher than the national and regional averages and we need to ensure we address it effectively.

1.1.4 The Doncaster Safeguarding Children's Board vision is:

***IN DONCASTER, SAFEGUARDING CHILDREN EFFECTIVELY IS EVERYONE'S BUSINESS: UNDERSTANDING THE NEEDS AND VIEWS OF CHILDREN IS AT THE CENTRE OF ALL WE DO***

1.1.5 DSCB's Strategic Priority 3<sup>1</sup> is that: ***Doncaster has effective arrangements for responding to key safeguarding risks (particularly child sexual exploitation, missing children, and neglect), promoting early identification & support to prevent escalation of risk to keep children safe.***

1.1.6 We recognise that more needs to be done to tackle neglect, and reduce both its prevalence and its harmful effects on children and young people in Doncaster. This strategy sets out our multi-agency approach to addressing this pervasive problem. All children and young people in Doncaster have a right to be looked after properly and kept safe. This remains our priority.

***John Harris, Independent Chair, Doncaster Safeguarding Children Board***

## 1.2 Purpose of the Strategy

**1.2.1** The purpose of this document is to set out the strategic aims and objectives of the DSCBs approach to tackling neglect. This strategy also identifies key principles under which work around neglect should be undertaken and identifies key priority areas of work in order to ensure continual improvement within Doncaster's response to neglect.

**1.2.2** Doncaster is committed to improving our work to effectively tackle neglect. Neglect is relevant to all DSCB partners. The development of the DSCB Neglect Strategy is one of the strategic priorities for 2016 – 2017. It is informed by the growing evidence about the extent of neglect and the harm it causes to children and young people.

**1.2.3** The strategy is designed for everyone working with families with children, whether or not their principal focus is on a child in the home. The strategy will be supported by the development of consistent policy and practice guidance on neglect which is evidence based and informed by research.

## 2. Definitions and types of neglect – what do we mean by neglect?

**2.1** Neglect can be difficult to define, identify and communicate because most definitions are based on personal perceptions of neglect, including what constitutes “good enough” care and what a child's needs are. Lack of clarity about this has had serious implications for professional's decision-making about children experiencing or at risk of neglect. Neglect is now recognised both as the most common type of harm children experience **and** one of the most dangerous because of its harmful and sometimes fatal effects (Turney and Tanner 2015). An effective multi-agency approach to cases of neglect is therefore essential. The approach should include using common definitions which enable all practitioners to keep a focus on the child's journey, regardless of whether their primary focus is a child or an adult in the family.

In terms of statutory responsibilities for safeguarding and child protection ***Working Together to Safeguard Children 2015*** defines neglect as:

**The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing or shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.'** (*Glossary, p93*)

**2.2** One of the most common reasons why neglect is difficult to define is that the word itself is an umbrella term for a variety of forms of child maltreatment which can vary significantly in presentation and severity. It occurs across a continuum from early signs that might alert any practitioner working with a child of any age, to longer term chronic evidence of neglect which might trigger a referral to children's social care (For more guidance see DSCB Multi Agency Levels of Need, July 2016). Neglect occurs across the full range of children's developmental, physical, social and emotional needs. Horwarth (2007) identified the following types of neglect which are now widely accepted and used in policy and practice related to neglect:

**Medical neglect** - carers minimise or deny a child's illness or health needs, or neglect to administer medication or treatments. It includes neglect of all aspects of health care including dental, optical, speech and language therapy, and physiotherapy

**Nutritional neglect** - usually associated with inadequate food for normal growth leading to "failure to thrive". Increasingly another form of nutritional neglect from an unhealthy diet and lack of exercise can lead to obesity, which increases the risks to health in adulthood

**Emotional neglect** - can be defined as the "hostile or indifferent parental behaviour which damages a child's self-esteem, degrades a sense of achievement, diminishes a sense of belonging and stands in the way of healthy, vigorous and happy development". It is the non-deliberate consequence of a carer's neglectful behaviour (Iwaniec, 1995)

**Educational neglect** - includes carers failing to comply with state requirements, but also include the broader aspects of education such as education and supporting their learning including that any special educational needs are met.

**Physical neglect** - refers to the dirty state of the home, lack of hygiene, lack of heating, inadequate and/or broken furniture and bedding. It may include poor or inadequate clothing, which mark a child as different from his peers resulting in isolation or bullying. It also refers to a lack of safety in the home, exposure to substances, lack of fireguard or safety gates, and exposed electric wires and sockets.

**Failure to Provide Supervision & Guidance** refers to the carer failing to provide the level of guidance and supervision to ensure that the child is physically safe and protected from harm.

**2.3** Further categorisations can occur through assessing the levels of family functioning. (Crittenden 1999, cited in NCH Action for Children, 'Action on Neglect' 2013) may help to plan and manage neglect cases. It can be grouped as follows:

- Disorder Neglect(driven by chaos and crisis)
- Emotional Neglect(absence of empathy, not good at forming relationships)
- Depressed Neglect (withdrawn and dulled parental characteristics, unresponsive)

The professional response would be influenced by the categorisation. The importance of good assessments and tools to support assessments are fundamental to identifying which types of neglect and family functioning exist to ensure the right interventions are made.

### **3. What do we know? The national picture**

**3.1** There is a growing body of evidence which demonstrates the damage done to children and young people living in situations of neglect. All aspects of their development can be adversely affected including their physical and cognitive development, emotional and social well-being and their mental health and behaviour. For some the consequences can be fatal. The need to take decisive and timely action is supported by a wide range of research.

**3.2** Much of the available information is focussed on the prevalence and impact of neglect in Serious Case Reviews (SCR) or children who are the subject of a child protection plan. There is less evidence available from research and practice about its effects in the wider population of children and young people. However, it is becoming clear that a greater focus is needed on the early identification of and intervention in neglect and there is a greater awareness of the critical impact of neglect, particularly on early development in children less than three years.

**3.3** Information from the Department of Education shows that in 2011 44% of those subject to a child protection plan were placed under the category of neglect. 43% of these were aged less than five years, (Action for Children 2013). Research commissioned by the NSPCC (Brandon et al 2013) into neglect and serious case reviews showed that neglect was a significant element 60% of the serious case reviews which took place between 2009 and 2011.

**3.4** Generally however most LSCBs in the thematic review into neglect undertaken by Ofsted in 2014, did not receive or collect specific data about neglect except at the highest level, i.e. those subject to a child protection plan. Although information was provided on the quality of early help, this was generally not broken down by category of concern. The prevalence of neglect is therefore thought to be under represented in any statistical analysis as it may not be picked up where there are numerous concerns perhaps including other forms of abuse, and it is unlikely to be quantified in early help work.

**3.5** Research also shows that little evidence is produced about the effectiveness of interventions to deal with neglect and that there is a tendency for cases to drift instead of taking decisive action. It shows that where tools exist to evaluate the effectiveness of interventions there is more timely and improved decision-making.

**3.6** Additionally Ofsted found that local authorities who had a neglect strategy and or a systematic improvement programme addressing policy, thresholds for action and professional practice, were more likely to make a positive difference to children living in situations of neglect.

## 4. Summary of Research findings

1. There has been a lack of focus on the child, their lived experience of neglect and the voice of the child has not been heard.
2. The quality of assessments is variable. Many fail to take into account family history or did not consider the impact on the child
3. Assessments tended to focus on adult needs (mental health, substance misuse) without considering the impact of this on the child
4. The quality of plans was variable – the best plans being those which gave clear expectations of what was required with clear timescales for change and what the consequences would be if change did not occur
5. Non-compliance or disguised compliance of parents was a common feature with professionals not demonstrating clear strategies for dealing with this, such as escalating the case. Lack of attendance at appointments should not be a reason
6. Positive relationships with parents is a key factor in success
7. Routine contact between parents and professionals are an opportunity to promote sensitive and attuned parenting.
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9. There has been an over emphasis on training and development to spot the “signs and symptoms” of neglect and make referrals to children’s social care, rather than supporting them to use their own professional judgement.
10. Practitioners in universal and early help services have a crucial role to play in identifying and responding to the early signs of neglect.
11. Effective multi-agency working is critical to the success of interventions.
12. Professional challenge to parents, management oversight and supervision all need to be strengthened to improve the response to neglect.
13. There is a general lack of clarity about the thresholds for escalating concerns throughout the child journey from early help through to care proceedings.
14. There is a lack of data about the prevalence of neglect and the impact of interventions
15. All professionals need to place an emphasis on ensuring that parents and caregivers maintain a healthy environment. This acknowledges that if parents have a good relationship with children but their living conditions are not safe, then the child is not safe.
16. It is recognized that the public health approach to neglect offers good opportunities for prevention and for spreading health promotion messages about suicide prevention, accident prevention and the risks of sudden unexpected deaths in infancy (SUDI).

## 5. What do we know? Prevalence of Neglect in Doncaster

**5.1** Data and information about the prevalence of neglect in Doncaster is limited. Information from Early Help Assessments and Children in Need (CIN) data does not currently identify a separate category of neglect, only a joint category of abuse/neglect. Many Early Help Assessments are in a paper format and not on the electronic system; data from these is not held in a central place and cannot currently be collated. Since October 2015 early help assessment data has included a specific neglect category which will enable more accurate reporting on prevalence.

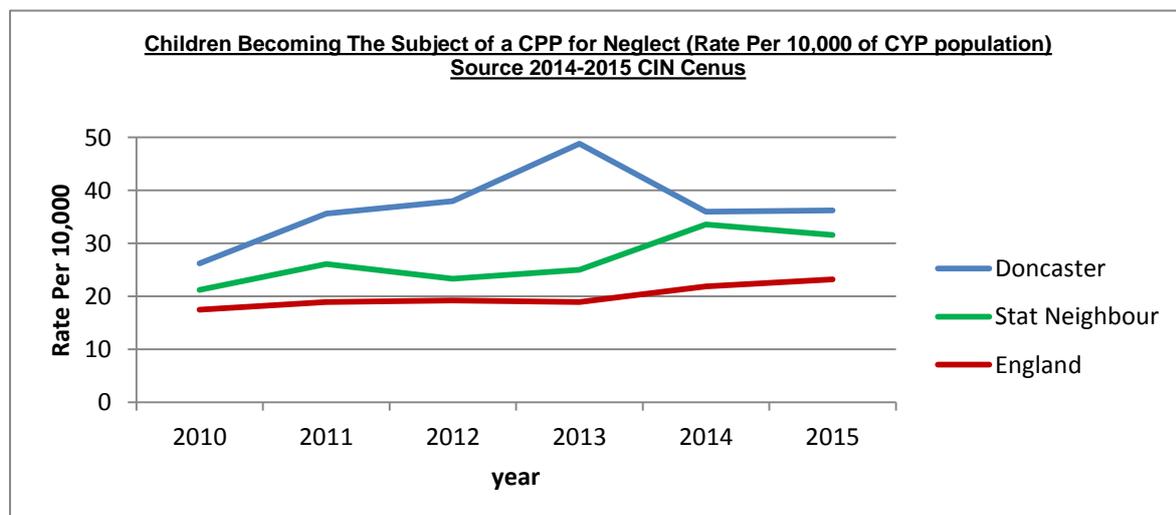
**5.2** A snap shot of children subject to Child Protection Plans in October 2015 indicated that 60% of children are categorised as suffering neglect. This figure however includes families where the key issue is domestic abuse. Consideration needs to be given as to how services can effectively differentiate between types of neglect.

**5.3** Despite the limitations on the available CIN and Child Protection (CP) data from 2010 to 2015, it is clear that Doncaster has had a higher proportion of both children in need and child protection cases in which neglect is recorded as a factor. This data presents higher than the average for statistical neighbours, the region and nationally.

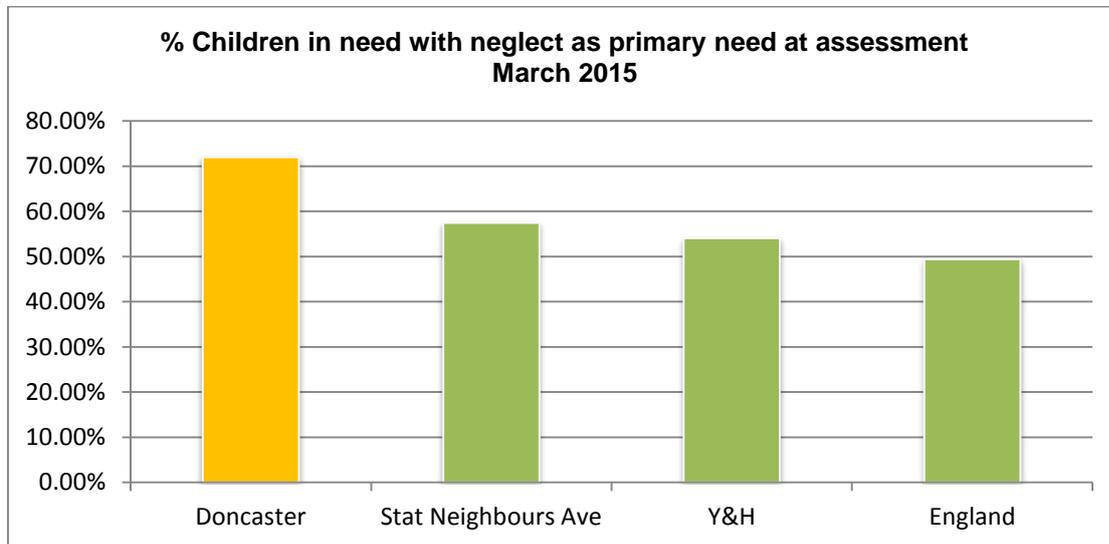
**5.4** At the end of March 2015 approximately 72% of CIN cases show abuse/neglect as a factor. This is a significantly higher rate than any of the comparators groups despite being broadly in line with the statistical neighbour average for all CIN (Chart 2).

**5.5** For children subject to a child protection plan under the category of neglect Doncaster is again shown to be higher than the comparative average rates. At the end of March 2015, 55.5% had a category of neglect (Chart 3). Information from the CIN Census (which includes CP as a proportion of all CIN cases) suggests that Doncaster figures peaked at 2013 and have reduced since then. However the rate remains higher than comparators. (Chart 1)

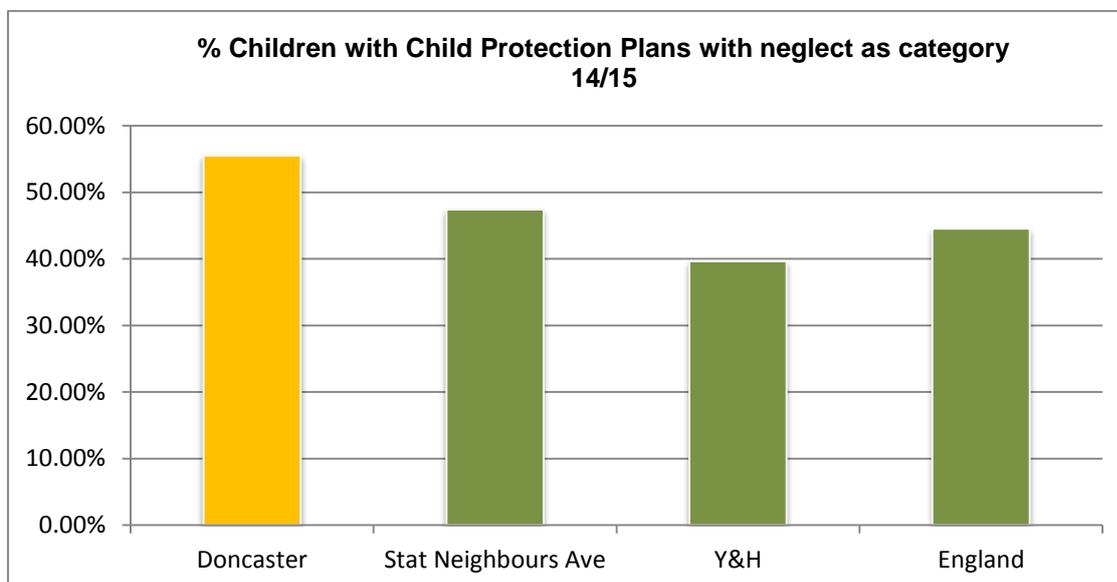
**Chart1**



**Chart 2**



**Chart 3**

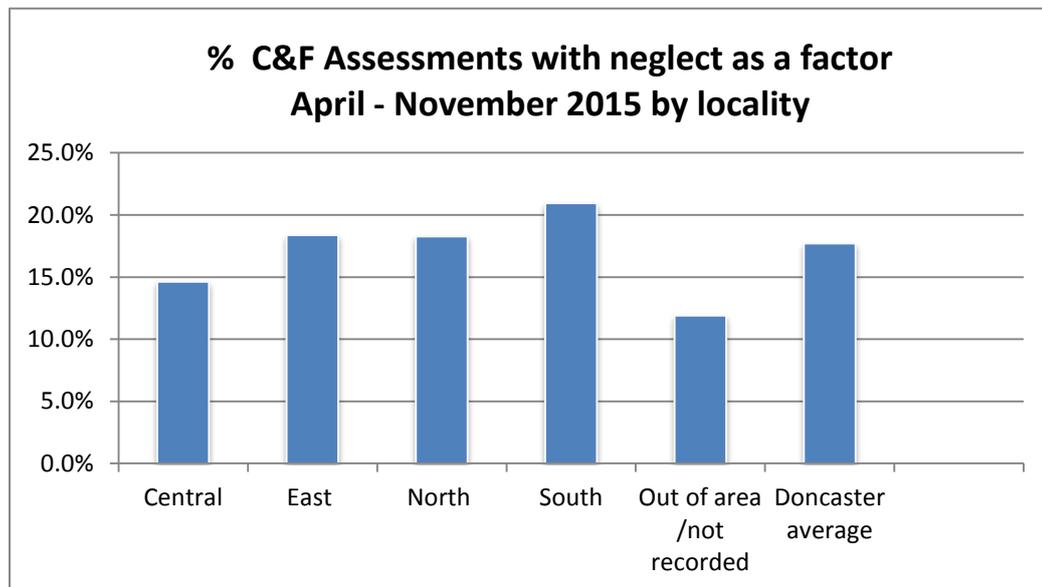


**5.6** In terms of the distribution of neglect across Doncaster, data from child and family assessments between April and November 2015 shows that an average of 17.7% of assessments (514 out of 2909) in Doncaster had neglect as a factor. This varies between 14.6% (Central) to 20.9% (South) across the four locality areas. (Chart 4)

**5.7** However, variations in rates of assessments with neglect as a factor between children's centre areas is much more extreme, with a range from 7.5% (Cantley and Bessacar) to 33.3% (Edlington). This variation does not appear, as might be

expected, to be related to distribution of need and deprivation in the centre reach areas and may suggest inconsistencies in the understanding of neglect and the criteria used to record it by teams in different areas., This may indicate a need for further training and the implementation of practice guidance for the identification and recording of neglect.

**Chart 4**



As part of its programme of multi-agency audits the DSCB undertook a review of five neglect cases. The findings suggested the following key areas for improvement:

- Direct work with the child/young person.
- Performance monitoring of casework.
- Better use of current multi-agency processes.

There is no clear profile of the extent of neglect in Doncaster at an early intervention level. It is likely however that there is a great deal. It is important that we are able to identify cases early in order to prevent problems from getting worse and requiring statutory intervention by children’s social care. To do this we need to be able to have a system of identifying the families who need support and the children suffering from neglect and ensure professionals have the skills to spot the signs early and to provide effective support.

## **6. The role of Partner agencies**

**6.1** No specific services exist for supporting neglectful families. Neglect is a form of abuse and as such is the responsibility of all agencies to identify the signs at an early stage and to be able to either provide support themselves, signpost to a service

which can provide support or, if the threshold for social care is met, make a referral to Doncaster Children's Services Trust (DCST). Currently support is provided through a number of key agencies such as schools, health, the Council through its early help services, health, housing services and DCST.

**6.2** Professionals across all agencies who come into contact with families will need to be able to spot the signs which identify that neglect is occurring and be able to signpost or make a referral to social care.

**6.3** Those agencies who provide any type of family support service, whether that be in a school setting, a children's centre or youth hub need also to know how to assess risk and provide support to prevent the neglect from continuing.

**6.4** Those social care services will need to be able to assess the parent's ability to change to ensure that unnecessary drift isn't caused by adopting a 'start again' approach when families have been known to services for a long time.

## **7. The Role of Early Help**

**7.1** The impact of neglect of children is often cumulative, advancing gradually and imperceptibly and therefore there is a risk that agencies do not intervene early enough to prevent harm. It is important that all agencies, Health, Schools/Education, Police, Probation, Housing, Voluntary and Community Organisations identify emerging problems and potential unmet needs and seek to address them as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome.

All DSCB partners have the following responsibilities:

- To view the safety and wellbeing of children as paramount.
- To ensure that achieving the best outcomes for the child is the primary focus when working with childhood neglect.
- To ensure that their workforce understand the significance of neglect on children and equip their workforce to work effectively in situations where neglect is a feature.
- To share relevant information and collaborate with other agencies and work together to ensure accurate assessments and the early identification of needs.
- To harness and develop resources to ensure that interventions are proportionate, effective, and delivered sufficiently early so as to reduce the likelihood of any escalation of adversity for the child
- All partners are responsible for identifying neglect early and using the early help framework to prevent escalation

These can be achieved by:

- Using the thresholds document to identify the level of need
- Undertaking early help assessments as early as possible once concerns have been identified
- Undertaking the Lead Professional role, coordinating TAF meetings and implementing EH plans to prevent families from escalating to services higher up the levels of need
- Using tools to assist with assessment and to monitor progress
- Escalating issues if progress isn't made.

## **8. Tools to support practice**

**8.1** There are many tools in existence to support professionals in assessing risk and evaluating the distance travelled.

**8.2** In Doncaster the Signs of Safety (SofS) approach has been adopted by the Doncaster Children's Services Trust. It is a strengths-based, safety-organised approach to child protection casework, created in Western Australia, and developed in the 1990's by Andrew Turnell and Steve Edwards. The SofS format offers a simple yet rigorous assessment format that the practitioner can use to elicit, in common language, the professional and family members' views regarding concerns or dangers, existing strength and future safety. It integrates professional knowledge alongside local family and cultural knowledge and balances a rigorous exploration of danger/harm alongside indicators of strengths and safety. The use of the Three Houses Tools ensures the child voice is clearly heard. The use of scaling questions enables practitioners and families to gain a clear view of progress made and the addition of SMART planning ensures clear timescales for change to be identified.

**8.3** However to ensure the model is used effectively when neglect is an identified issue practitioners first need to have a good understanding of neglect and how the various factors impact on outcomes for children and young people. Training is essential in improving workers knowledge but the addition of guidance would ensure those who may only work infrequently with neglect would have a reference point for their work with families.

**8.4** A recent article by David Wilkins compared a number of tools for assessing neglect. These included:

- Disconnected and extremely intensive parenting (DIP) measure

- Family activity scale
- Home conditions assessment
- Graded care profile
- Home safety and beautification checklist
- Multi-dimensional neglectful behaviour scale (MNBS)
- Home observation measurement

**8.5** These tools offer a variety of scales and checklists to measure risk. Wilkins compared them by considering the evidence base, the simplicity of use and which aspects of neglect they covered. He found that the graded care profile and the MNBS cover all the various aspects of neglect, but MNBS has not been widely tested. The graded care profile had a proven evidence base but is often considered to be difficult/over-complicated to use in practice.

**8.6** Some Local Authorities have developed detailed guidance on what factors should be considered when making an assessment. The South Gloucester LSCB Neglect Toolkit provides a detailed checklist of factors across the spectrum of neglect. A key aspect of this strategy is the development of specific guidance and tools to support workers in undertaking assessments and working with families where neglect is a factor.

## **9. Underlying Principles to tackling neglect**

All interventions whether early help or statutory interventions will hold to the following principles:

1. Families are best supported when neglect is identified in its early stages
2. The safety, well-being and development of children is the overriding priority.
3. Working in partnership with children and families is essential to better outcomes.
4. Working together with other professionals is essential to providing effective support.
5. Building resilience is key to sustaining the safety of children and young people into the future.
6. Children with additional needs such as special education needs and disabilities are more vulnerable to the effects of neglect.
7. Consideration of historical information is essential to inform the present position and identify families at risk of inter-generational neglect.
8. Effective information sharing needs to take place between agencies to inform assessments and evaluations of risk.
9. Decisive action needs to be taken to avoid ongoing neglect when improvements are not seen.

## 10. Strategic aims and objectives

The over-arching aim of the strategy is:

### **TO IMPROVE OUTCOMES FOR CHILDREN AND FAMILIES IN DONCASTER BY REDUCING THE INCIDENCE AND IMPACT OF NEGLECT**

In order to achieve this there will be three distinct strands of work:

1. Communication and awareness
2. Working with children and families to reduce the effects of neglect
3. Profiling and quality assurance

These translate into a number of priorities for action as identified below.

#### 10.1 Communication and awareness of neglect

- Ensure DSCB understands the prevalence, nature and extent of neglect to enable it to target resources and improve outcomes for children and young people
- Raise awareness of neglect to through the DSCB website, newsletters and events.
- Raise awareness of how to recognise and what to do if members of the public suspect neglect is occurring
- Promote an understanding of the impact of neglect with adult services as well as those working primarily with children.
- Raise awareness of neglect with children and young people
- Provide public health promotion messages about suicide prevention, accident prevention and the risks of sudden unexpected deaths in infancy (SUDI).

#### 10.2 Improving Interventions with families

- Provide practice guidance to support practitioners in undertaking high quality assessments of risk to identify what action needs to be taken to address neglect
- Talk to children and young people about how they understand and experience neglect in order to ensure that their views are incorporated into practice.
- Maintain our commitment to “Signs of Safety” ensuring as it is rolled out and that it includes a focus on neglect.

- Ensure the approach to neglect includes continued development of a whole family approach
- Ensure thresholds for intervention on neglect are clear understood and embedded across the workforce
- Ensure appropriate interventions are in place to address neglect at the earliest opportunity.
- Provide practitioners with the tools to assess risk and enable them to take effective action where this is required
- Provide training to practitioners to improve their understanding of child development and attachment and the impact of neglect on children
- Provide training on the recognition and management of disguised and non-compliance
- Ensure practitioners understand the impact of parental factors such as mental health, substance misuse and domestic abuse and parental learning difficulties
- Ensure practitioners are aware of the added risk factors associated with supporting parents of disabled children
- Ensure practitioners have access to reflective supervision, advice and support to ensure children and young people receive clear and decisive planning
- Develop ways in which a more effective multi-agency response can be provided to support families and practitioners

### **10.3 Monitoring and evaluation**

- Develop performance and quality assurance systems that enable the DSCB to judge the effectiveness of early help and check that services designed to mitigate the effects of childhood neglect are working.
- Ensure the Board and its relevant task groups have access to and regularly examine data and quality assurance information in relation to neglect including early help, children in need and child protection interventions .
- Provide tools for workers to use with families to measure the improvements and ensure drift is minimised

## **11. Measuring Success**

**11.1** DSCB uses its shared local learning and improvement framework<sup>2</sup> , which covers a full range of single, multi-agency and thematic audits, case reviews and quality assurance processes, to drive improvements to safeguard and promote the welfare of children in Doncaster.

DSCB will:

- use the framework to assure itself and its partners of the effectiveness of both this strategy and the work that is being done to identify and tackle neglect and reduce its impacts on children and young people in Doncaster

- ensure that learning is recognised, fed back and embedded in practice
- develop a multi-agency dataset to provide a clearer picture of the prevalence of neglect in Doncaster and monitor the effectiveness of the strategy

Data which will contribute to the evaluation of the strategy includes:

- Referrals to DCST with neglect identified as a concern
- Child in Need cases where neglect is the primary concern
- CP plans where neglect is the category
- Early help assessments where neglect is identified as an issue
- Public health data relating to child development and causes of delayed development
- Economic and population information
- Data from Stronger families programme
- Number of neglect training courses provided
- Number of attendees by service on neglect training courses
- Evaluation of attendance on professional practice and confidence
- Thematic multi agency case audits
- What children, young people and their families tell us

## 12. Supporting policies/strategic links

**12.1** This strategy focuses on the role of the DSCB in ensuring effective joint working arrangements to protect children and young people. Doncaster’s Early Help Strategy and the Signs of Safety approach to working with children, young people and families in Doncaster seek to identify and respond to neglect early and directly impact on the causal factors of neglect in childhood. This strategy complements them. More information about Early Help thresholds for referral between agencies and Signs of Safety can be found by following the links below, as can Doncaster’s Child Protection Policies and Procedures

Doncaster Early Help Strategy	<a href="http://www.doncastersafeguardingchildren.co.uk">www.doncastersafeguardingchildren.co.uk</a>
DSCB Thresholds Document	<a href="http://www.doncastersafeguardingchildren.co.uk">www.doncastersafeguardingchildren.co.uk</a>
Early Help Handbook for practitioners	<a href="http://www.doncastersafeguardingchildren.co.uk">www.doncastersafeguardingchildren.co.uk</a>
Signs of Safety	<a href="http://signsofsafety.net">signsofsafety.net</a>
Neglect practice guidance	To be developed
DSCB Multi-agency safeguarding procedures	<a href="http://www.doncastersafeguardingchildren.co.uk">www.doncastersafeguardingchildren.co.uk</a>

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